

Receipt for Payment of Lost or Denied Wages,
Employment Benefits, or Other Compensation

U.S. Department of Labor

Employment Standards Administration
Wage and Hour Division

As computed or approved by the Wage and Hour Division

I, **Michael Kalmerton**, hereby acknowledge receipt of payment in full
from **CALLAWAY PARTNERS, LLC., 7000 Central Parkway, Suite 1660, Atlanta, GA 30328**

for the period beginning with workweek ending **11/29/2003** through the workweek
ending **12/03/2005** of unpaid wages, employment benefits, or other compensation due me

(as shown in the column to the right) under the Act(s) indicated in the marked box(es):

<input checked="" type="checkbox"/> The Fair Labor Standards Act 1	<input type="checkbox"/> The Service Contract Act	Gross Amount \$ \$460.00
<input type="checkbox"/> The Employee Polygraph Protection Act 2	<input type="checkbox"/> The Davis-Bacon and Related Act	Legal Deductions \$ 79.95
<input type="checkbox"/> The Family and Medical Leave Act 3	<input type="checkbox"/> The Contract Work Hours and Safety Standards Act	Net amount received \$ 380.05
<input type="checkbox"/> The Walsh-Healey Public Contracts Act	<input type="checkbox"/> Title III - Consumer Credit Protection Act	
<input type="checkbox"/> H2A	<input type="checkbox"/> Other _____	

1 NOTICE TO EMPLOYEE UNDER THE FAIR LABOR STANDARDS ACT - Your acceptance of backwages due under the Fair Labor Standards Act means that you have given up any right you may have to bring suit for such back wages under Section 16(b) of that Act. Section 16(b) provides that an employee may bring suit on his/her own behalf for unpaid minimum wages and/or overtime compensation and an equal amount as liquidated damages, plus attorney's fees and court costs. Generally, a 2-year statute of limitation applies to the recovery of backwages. Do not sign this receipt unless you have actually received payment of the back wages due.

2 NOTICE TO EMPLOYEE UNDER THE EMPLOYEE POLYGRAPH PROTECTION ACT - Your acceptance of lost wages and benefits under the Employee Polygraph Protection Act means that you have given up any right that you may have to bring suit for such lost wages and benefits, attorney's fees and court costs. Generally, a 3-year statute of limitations applies to the recovery of lost wages and benefits. Do not sign this receipt unless you have actually received payment of the amounts due.

3 NOTICE TO EMPLOYEE UNDER THE FAMILY AND MEDICAL LEAVE ACT - Your acceptance of lost or denied wages, employment benefits, or other compensation due under the Family and Medical Leave Act means that you have given up any right you may have to bring suit for such amounts under Section 107(a) of that Act. Section 107(a) provides that an employee may bring suit on his/her own behalf for lost or denied wages, salary, employment benefits or other compensation, interest on the lost or denied amounts calculated at the prevailing rate, an additional amount as liquidated damages, plus attorney's fees and court costs. Generally, a 2-year statute of limitations applies to the recovery of amounts due. Do not sign this receipt unless you have actually received payment of the amounts due.

Signature of employee

Date

7/19/2006

Address

5710 150th Ave North, Clearwater, FL

EMPLOYER'S CERTIFICATION

To Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor

I hereby certify that I have on this (Date) **SEPTEMBER 1, 2006** paid the above-named employee
in full covering lost or denied wages, employment benefits, or other compensation as stated above.

Signed

Alvin A. Buckner

Title

VP Finance & Administration

PENALTIES INCLUDING FINES OR IMPRISONMENT ARE PRESCRIBED FOR A FALSE STATEMENT OR MISREPRESENTATION
UNDER U.S. CODE, TITLE 18, SEC. 1001.

1. WAGE AND HOUR COPY

Date: 05/22/2006 10:02:18 AM

Case ID: 1401203

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CAL 019261

Receipt for Payment of Lost or Denied Wages,
Employment Benefits, or Other Compensation

U.S. Department of Labor

Employment Standards Administration
Wage and Hour Division

As computed or approved by the Wage and Hour Division

I, Shelton, Elaine, hereby acknowledge receipt of payment in full
from CALLAWAY PARTNERS, LLC., 7000 Central Parkway, Suite 1660, Atlanta, GA 30328for the period beginning with workweek ending 11/29/2003 through the workweek
ending 12/03/2005 of unpaid wages, employment benefits, or other compensation due me

(as shown in the column to the right) under the Act(s) indicated in the marked box(es):

☒ The Fair Labor Standards Act 1☐ The Employee Polygraph Protection Act 2☐ The Family and Medical Leave Act 3☐ The Walsh-Healey Public Contracts Act☐ H2A☐ The Service Contract Act☐ The Davis-Bacon and Related Act☐ The Contract Work Hours and Safety Standards Act☐ Title III - Consumer Credit Protection Act☐ Other _____Gross Amount \$ \$490.00Legal Deductions \$ 77.35Net amount received \$ 412.65

1 NOTICE TO EMPLOYEE UNDER THE FAIR LABOR STANDARDS ACT - Your acceptance of backwages due under the Fair Labor Standards Act means that you have given up any right you may have to bring suit for such back wages under Section 16(b) of that Act. Section 16(b) provides that an employee may bring suit on his/her own behalf for unpaid minimum wages and/or overtime compensation and an equal amount as liquidated damages, plus attorney's fees and court costs. Generally, a 2-year statute of limitation applies to the recovery of backwages. Do not sign this receipt unless you have actually received payment of the back wages due.

2 NOTICE TO EMPLOYEE UNDER THE EMPLOYEE POLYGRAPH PROTECTION ACT - Your acceptance of lost wages and benefits under the Employee Polygraph Protection Act means that you have given up any right that you may have to bring suit for such lost wages and benefits, attorney's fees and court costs. Generally, a 3-year statute of limitations applies to the recovery of lost wages and benefits. Do not sign this receipt unless you have actually received payment of the amounts due.

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Signature of employee

Date

Elaine Shelton
7/3/06

Address

4027 Brookvine Ct, Marietta, GA

EMPLOYER'S CERTIFICATION

3006

To Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor

I hereby certify that I have on this (Date) SEPTEMBER 1, 2006 paid the above-named employee
in full covering lost or denied wages, employment benefits, or other compensation as stated above.

Signed

William L. Cochran

Title

VP FINANCE - ADMINISTRATIONPENALTIES INCLUDING FINES OR IMPRISONMENT ARE PRESCRIBED FOR A FALSE STATEMENT OR MISREPRESENTATION
UNDER U.S. CODE, TITLE 18, SEC. 1001.

1. WAGE AND HOUR COPY

Date: 05/22/2006 10:29:34 AM

Case ID: 1401203

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CAL 019315